2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # F9700006674 Feb 02, 2000 8:00 am 1. Entity Name MEGADANCE USA CORP. **Secretary of State** 02-02-2000 90023 050 ***150.00 Principal Place of Business Mailing Address 7900 GLADES RD 7900 GLADES RD **BOCA RATON FL 33434 BOCA RATON FL 33434** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0553315 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Schultz, MIGHAEL-E Street Address (P.O. Box Number is Not Acceptable) KEITH KANOUSE, P.A. PENINSULAR EXECUTIVE CTR 7900 GLADES ROAD, SUITE 630 BOCA RATON FL 33434 2385 EXEC. CTR DRIVE **BOCA RATON FL 33431** ging its registered office or registered agent, or both, in the State of Florida 8. The above named entiement for the purpa MICHAEL E. SCHULTZ EXE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS **PSD** CR2F034 19/99 TITI F Change Addition TITLE ☐ Delete SCHULTZ, MICHAEL E. 1900 GLADES RD STE 630 SCHULTZ, MICHAEL E NAME NAME STREET ADDRESS 7900 GLADES RD STE 630 STREET ADDRESS BOCA-RATON FL 33434 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change ☐ Addition **X**Oelete TITLE TITLE KRIEG, ANDREW NAME NAME 7900 GLADES RD STE 630 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33309 CITY-ST-ZIP Change Addition Delete TITLE SCHIAVONE, GUY NAME 7900 GLADES RD STE 630 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33309 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as inquired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

MICHAEL E. SCHULTZ 1-12-2000